

As a founding member of the Congressional Vision Caucus, I am particularly pleased to see this bill on the House floor today and consider it a milestone for our very young caucus. In 2003, I joined my colleagues DAVID PRICE, ILEANA ROS-LEHTINEN, and PAT TIBERI in establishing the Congressional Vision Caucus. Today the Vision Caucus is comprised of more than 100 Members of the House, both Republican and Democrat, House Members and Senators. While our initial goal was to raise the awareness of vision disorders in Congress, the caucus has developed and endorsed two key pieces of vision legislation, including the Vision Care for Kids Act before us today.

It is particularly gratifying to see our efforts result in legislative success, and I thank the members of the Vision Caucus and the 152 cosponsors of this legislation for their support. I would also like to thank Chairman DINGELL and Ranking Member BARTON of the Energy and Commerce Committee, as well as the chairman and ranking member of the Health Subcommittee, Mr. PALLONE and Mr. DEAL, for their support of this legislation.

And I would also like to thank John Ford and William Garner of the committee's majority staff for their expertise, as well as Ryan Long and Katherine Martin of the minority staff for their willingness to work with us in a bipartisan fashion on this legislation.

With that, I encourage my colleagues to join us in passing this important bill to improve vision care for America's children.

Mr. FOSSELLA. Madam Speaker, let me again, in closing, thank the sponsors, Mr. GREEN and, of course, Mr. PASCRELL for really helping us to get to this point. I failed to mention Ms. ROS-LEHTINEN before. She was instrumental as well, and Mr. SULLIVAN and Mr. ENGEL. Let me commend and thank my colleague Ms. BALDWIN for her eloquence in shepherding all these bills to the floor.

As it relates to this bill, early detection, early diagnosis, and early treatment, we know that those are the magical things that have to happen in order for a child to lead a more forward, healthy life. Without the access to the care that a child needs, we know that that life is going to be compromised in some way, shape, or form.

I think that this bill helps to get us to that point. I think it will help a lot of children who currently have no help and no access.

I would also like to thank Ryan McKee from my office, who has worked on this bill for several years in our efforts.

Madam Speaker, I yield back the balance of my time.

Ms. BALDWIN. Madam Speaker, in closing, visual impairments can have lifelong consequences for children. As we have heard, this bill will help identify these impairments early so that our kids can live up to their full potential. This bill and the others that pre-

ceded it are prime examples of bipartisan cooperation.

I urge my colleagues to support this bill and those that have preceded it. And I also thank the gentleman from New York (Mr. FOSSELLA) for his assistance in expeditiously, yet comprehensively, managing the nine vital important and bipartisan health bills that were before us this afternoon.

Mr. MURPHY of Connecticut. Madam Speaker, I rise today in strong support of H.R. 507, the Vision Care for Kids Act of 2007.

This issue is simple, Madam Speaker, kids can't learn if they can't see. Providing early vision screening for our nation's children will make sure they are all ready to learn when they enter school and the Vision Care for Kids Act will help provide states with the means to offer this important care.

When I was in the Connecticut State Senate, I championed an initiative which made school-based vision screening a priority through the mandated reporting of pediatric vision screening on school health assessment forms. The passage of today's legislation will enhance my state's ability to enhance vision programs for children by providing a much needed federal stream of funding. Importantly, it will allow Connecticut's children to receive followup care when uninsured children are identified through my state's existing vision screening program.

The passage of today's legislation is another example of how this Congress is actively working to provide health services to our nation's children. This week, as the House contemplates whether we should provide 10 million American children with health insurance through the SCHIP program, we should take today as an opportunity to affirm our commitment to comprehensive health screening and coverage for all American children.

Madam Speaker, I urge all my colleagues to support H.R. 507 and yield back the balance of my time.

Mr. CLYBURN. Madam Speaker, I rise today in strong support of H.R. 507 Care for Kids Act of 2007. As you know, this bill would award grants to states to: (1) provide comprehensive eye examinations by a licensed optometrist or ophthalmologist for children identified by a licensed health care provider or vision screener, with priority to children under age nine; (2) provide treatment or services to correct vision problems of such children; and (3) develop and disseminate educational materials on recognizing signs of visual impairment in children.

Madam Speaker, studies have shown that African-Americans were most likely to report that they do not have a regular eye care professional (21 percent). And Hispanics were least likely to have seen an eye care professional in the last year (43 percent).

Madam Speaker, like many diseases, vision problems can disproportionately affect certain ethnic groups. For example, African-Americans are five times more likely to have glaucoma, Hispanics are at the greatest risk for cataracts, and myopia or near-sightedness is much more common among Asians than other ethnic groups.

But the story doesn't end there, a new study by University of Michigan pediatricians suggests that poor, uninsured, black and Hispanic children are getting the least vision care services in this country. In all, non-Hispanic and

non-black children were 47 percent more likely than Hispanic children—and 59 percent more likely than black children—to have received eye care in the last year. In addition, the study showed that uninsured black or Hispanic children were less likely than uninsured children of other races or ethnicities to have corrective lenses.

Madam speaker, we have to do better on providing care to these communities and giving these communities the healthcare professionals to deliver such care. To date, the current enrollment percentages of African-American and Hispanic students in optometry school is dismal at best. In the United States, only 3.5 percent of currently enrolled optometry students are African American. Hispanics do not fare much better, when including the InterAmerican University of Puerto Rico, the enrollment of Hispanics in U.S. optometry schools and Canada is even lower than that of African Americans.

So Madam Speaker while I strongly support this bill we must do more to address these disparities. Thus, the reason behind my outspoken wish to mandate vision care to the State Child Health Insurance Program (SCHIP) reauthorization. The lack of vision care for children can not be tolerated in this country and I look forward to working with the Congress in bringing this issue to the forefront of our debate around SCHIP.

Ms. BALDWIN. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Ms. BERKLEY). The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and pass the bill, H.R. 507, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

## RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 49 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

## AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. CAPPS) at 6 o'clock and 30 minutes p.m.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H. Res. 738, by the yeas and nays;

H.R. 2089, by the yeas and nays;

H.R. 20, by the yeas and nays.